04-06-05 PART B - FEE(S) TRANSMITTAL

APR 0 5 2005	his form, together wit	- "	or <u>I</u>	<u>Fax</u>	Mail Stop ISSUI Commissioner fo P.O. Box 1450 Alexandria, Vir (703) 746-4000	or Patents ginia 22313-145			
NSTRUCTIONS: The for the propriete. All further con indicated unless corrected to maintenance for notification	m should be used for tran respondence including the selow or directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and ledgers and notice of the specifying a	PUBLIC fication a new co	ATION FEE (if requot maintenance fees perespondence address	ired). Blocks I this will be mailed to the grand/or (b) indicates	rough 5 s ne current ing a sepa	hould be comple correspondence arate "FEE ADD	eted where address as RESS" for
CURRENT/CORRESPONDENC	any change of address)			Note: A certificate of Fee(s) Transmittal. The papers. Each addition have its own certificat	nis certificate canno al paper, such as an	t be used assignm	for any other acc	companying	
DELPHI TECHN M/C 480-410-202 PO BOX 5052 TROY, MI 48007	OLOGIES, INC.			,	Ce I hereby certify that to States Postal Service addressed to the Ma transmitted to the USI	rtificate of Mailing his Fee(s) Transmit with sufficient post il Stop ISSUE FE PTO (703) 746-4000	tal is bein age for fir E address), on the	smission g deposited with rst class mail in a above, or bein date indicated be	the United in envelope g facsimile low.
04/07/2005 DEMMANU2 00	000086 500831 09696	090			<u>Su</u>	5an 6,5	751	a La Capa	ositor's name)
01 FC:1501 1400. 02 FC:8001 6.	00 DA 00 DA			ΕV	312957	107 US	4.	-6-05	(Signature) (Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION NO.			ON NO.
09/696 090	09/696,090 10/26/2000		Kevin D. Kincaid			DP-301219		3206	
TITLE OF INVENTION: D	STRIBUTED ARCHITECT	TURE COMMUNI	ICATION SY	STEM H	AVING BUS VOLTA	AGE COMPENSAT	TION		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	BLICATION FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1400			\$0	\$1400		04/13/20	105
EXAMINER		ART UNIT		CL	ASS-SUBCLASS]			
PHUNKULH, BOB A		2661			370-489000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to						
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	(print o	r type)	–			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appo T a substitute	ear on the	ne patent. If an assign an assignment.	nee is identified be	low, the o	document has be-	en filed fo
(A) NAME OF ASSIGNI	(B) RESIDENCE: (CITY and STATE OR COUNTRY)								
DELPHI TEC	HNOLOGIES, INC.		T	ROY, I	MICHIGAN				
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the pa	atent):	☐ Individual ☐	orporation or other	private gr	oup entity 🗖 G	iovernmen
4a. The following fee(s) are	enclosed:	41	. Payment of	` '					
Issue Fee					ount of the fee(s) is en				
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to						
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5. Change in Entity Status a. Applicant claims St	(from status indicated above MALL ENTITY status. See	•	☐ b. Applic	ant is no	longer claiming SMA	LL ENTITY status	. See 37 C	CFR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco			tion Fee (if an d from anyone Office.	y) or to a	re-apply any previous an the applicant; a reg	ly paid issue fee to sistered attorney or a	the applic agent; or t	ation identified a the assignee or ot	bove. her party in
Authorized Signature	Suse-6	nst	_		Date 4	-5-05			

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